

### Tuberculosis Surveillance Protocol for New Volunteers

To comply with the Tuberculosis Surveillance Protocol for Ontario Long Term Care Facility, volunteers who are working in our nursing homes are required to be screened for Tuberculosis. Please take this form to your doctor for testing and completion, and return it to the Volunteer Development team before the placement is assigned.

**Skin test result of 10 mm or more of induration is considered positive. Any person whose first step is positive should not have the second step performed. If the result of the first step is 0-9 mm, a second test is required in the opposite arm at least one week and no more than three weeks after the first.**

**Name of volunteer:** \_\_\_\_\_ **Orientation Date:** \_\_\_\_\_ **Vol. ID:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**1. Past history of TB:**             Yes             No  
 If yes, Time of infection: \_\_\_\_\_  
 Treatment received: \_\_\_\_\_  
 Date and result of last CXR: \_\_\_\_\_

**2. Past history of TB skin test:**    Yes             No  
 If yes, Date of test I: \_\_\_\_\_ Result: \_\_\_\_\_  
 Date of test II: \_\_\_\_\_ Result: \_\_\_\_\_

**3. Two-step TB skin test:**            (if indicated)  
 Step I.            Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Result: \_\_\_\_\_  
 Step II.            Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Result: \_\_\_\_\_

**4. Chest X-ray:**                            (if indicated)  
 Date: \_\_\_\_\_ Result: \_\_\_\_\_

**5. Recommendations / Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Date

*Physician's address or stamp:*

\_\_\_\_\_  
 Physician's Name